

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08/875049 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13	/						63		/				
14		/					64		/				
15		/					65		/				
16		/					66		/				
17		/					67		/				
18		/					68		/				
19	/						69		/				
20		/					70		/				
21		/					71		/				
22		/					72		/				
23		/					73		/				
24	/		/				74		/				
25		/	/	/			75		/				
26		/	/	/			76		/				
27		/	/	/			77	/					
28		/	/	/			78		/				
29		/	/	/			79		/				
30		/	/	/			80		/				
31		/	/	/			81		/				
32		/	/	/			82		/				
33		/	/	/			83		/				
34		/	/	/			84		/				
35	/						85		/				
36		/					86		/				
37	/		/				87		/				
38		/	/	/			88		/				
39	/		/	/			89	/	/	/	/	/	/
40		/	/	/			90		/		/	/	/
41		/	/	/			91		/		/	/	/
42		/	/	/			92	/	/	/	/	/	/
43	/		/	/			93		/	/	/	/	/
44	/		/	/			94	/	/	/	/	/	/
45	/		/	/			95		/	/	/	/	/
46	/		/	/			96		/	/	/	/	/
47		/	/	/			97		/	/	/	/	/
48		/	/	/			98	/	/	/	/	/	/
49	/		/	/			99		/	/	/	/	/
50		/	/	/			100		/	/	/	/	/
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓	19	↓		↓
TOTAL CLAIMS							TOTAL CLAIMS			28			